

UNITED STATES DISTRICT COURT

Jeffrey Delossantos

(In the space above enter the full name(s) of the plaintiff(s).)

v.

Defendant No. 1 OFFICER JESSICA RODRIGUEZ  
SHIELD #

Defendant No. 2 OFFICER JERRY CHOI  
SHIELD # UNKNOWN

Defendant No. 3 \_\_\_\_\_

Defendant No. 4 \_\_\_\_\_

Defendant No. 5 \_\_\_\_\_

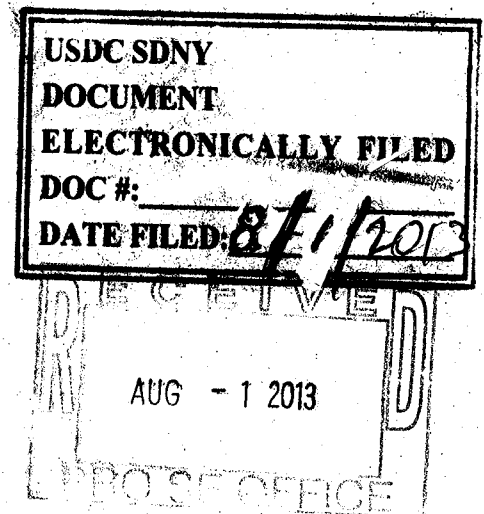
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

12 CV. 8925 (WHP)  
(AMENDED)  
COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☒ No ☐  
(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name JEFFREY DELOSSANTOS  
ID # 12A4955  
Current Institution QUEENSBORO CORRECTIONAL FACILITY  
Address 47-04 VAN DAM STREET.  
LONG ISLAND CITY, NEW YORK 11101

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name JESSICA RODRIGUEZ Shield # 19713  
 Where Currently Employed 46th Precinct  
 Address 2120 RYER AVENUE  
BRONX NEW YORK 10457

Defendant No. 2 Name OFFICER JERRY CHOI Shield # \_\_\_\_\_  
 Where Currently Employed UNKNOWN  
 Address UNKNOWN

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? \_\_\_\_\_  
While under the care of NYPD

B. Where in the institution did the events giving rise to your claim(s) occur? \_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_  
DECEMBER 11th 2009

D. Facts: ON DECEMBER 11<sup>th</sup> 2009 I WAS WAITING IN MY HALLWAY FOR A GUEST OF MINE WHEN I WAS APPROACHED BY TWO UNDERCOVER OFFICERS WHO ARRESTED ME FOR TRESPASSING. I KEPT TELLING THEM THAT I LIVE IN THE BUILDING AND THEY SAID THAT THEY DON'T CARE, I WAS STILL GOING TO JAIL

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s): \_\_\_\_\_

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?  
Yes \_\_\_\_\_ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?  
Yes \_\_\_\_\_ No ☒

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? \_\_\_\_\_

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes \_\_\_\_\_ No       

1. If YES, whom did you inform and when did you inform them? \_\_\_\_\_

*Handwritten signature*

2. If NO, why not? \_\_\_\_\_

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I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

## V. Relief:

V. **Relief:**  
State what you want the court to do for you. \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ~~✓~~ No ✓

**On  
these  
claims**

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes \_\_\_\_\_ No ☒

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit: \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

Signed this 29<sup>th</sup> day of July, 2013. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

WLD  
12A4955  
QUEENSBORO CORR. FAC  
47-04 VAN DORN STREET  
LONG ISLAND CITY, N.Y. 11101

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 29<sup>th</sup> day of July, 2013, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

WLD

QUEENSBORO CORRECTIONAL FACILITY  
47-04 VAN DAM STREET  
LONG ISLAND CITY, NEW YORK 11101-3081

NAME: Jeffrey DeSantos DIN: 1L4955

QUEENSBORO



CORRECTIONAL FACILITY



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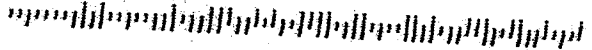
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500 PEARL STREET  
NEW YORK N.Y. 10007

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